Sheet1

Circulated By	SD	Signer	Page Num	Full address	City
John H Prijic	22	Lisa Turner	1384	6431 114TH AVE	Kenosha
John H Prijic	22	Lisa Turner	1384	6431 114TH AVE	Kenosha

AFFIDAVIT					
STATE OF WISCONSIN) (SS (Kenusha COUNTY)					
Sa luce being first duly sworn on oath, deposes and states as follows:					
1. I an adult resident of the ZZ State Senate District and I am a qualified elector, i.e., either					
registered to vote or eligible to register and vote.					
2. On at <u>6431-11444</u> Hore, I spoke with an					
individual who was soliciting passersby to sign a document.					
4. Man came to my door and told me that they were trying					
to get people to sign a petition to have work fine on the					
neighborhood park. I was in a hurry and there					
was no mention that the petition was to recall Sinator					
Wirch. Believing that this petition would improve the					
park I signed it					
5. Had I not been misled about the purpose of effect of the petition, I would not have signed it. I do					
not and have not supported efforts to have a recall election held for Senator Wreh 's seat.					

Subscribed and sworn to before me this 24 day of Kpn 1, 2011.

Notary Public, State of Wisconsin

Kenosha County

Lypines July 21, 2013

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousiu State Sexate District (jurisdiction or district of officeholder)

224 District State Sexate of Wiscousin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIPPERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	NCIPALITY OF RESIDENCE, IS NOT S FALWAYS BE LISTED.	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Rousy S. Durfus	6426 115th Ava Kerosta, W.I	Town Utiliage Kenasha	3/27/11
2. Navay Delin	Konoston, WS	O Town O Village Kenosha	3/27/11
3. March J.	6443 114 WI Kenosha	O Town O Village OCity K 4465ha	3/27/1
4 USa Turnol	6431 114ta 16-0580. WT	DVIllage Kenostin	3/27//
5. David Brydun	6407 114th Ave	D Town D Village LLA 05 (2	3/27/11
6. WALTO BURNARI	KA-SHA WE	DYVIIIage KANHA	3-27-11
Myli Brukani	11308 (11 St. Kenosha W) 53142	orown Ovillage Occily Kenosha	3 27/11
8.	11208 61st Kenosha WI 53142	Drown Drillage Kenusha	3-27-11
" Wendy Davis	11208 (6151 St Lenosha wI 53142	O Village KENUSHA	3/27/11
10. ROSERE SULLIVAN	1100 Grap	D Town D Village KGNOS/HD	3-27-11

[DNAPP 01 3310] 1900 1900 1900 1900 1900 1900 1900 1
I, JOHN H. PRITIC Certification of Circulator
I reside at 4816 - 8 Kinsup of circulators theet Kenosha, WI 53142 (circulator's residence - include number, street and municipality) Pleasant Prairie
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is nunishable under §.12.13(3)(a), Wis, Stats.
(date) Please mail this form to: Recall Wirch
GAB-170 (Rev. 62007): The information on this form is required by 15. 8.40 and 9.10. Was State. This form is prescribed by the Government Accommoditing Board, P.O. Box 7984, Medium, W. 33707, 7984 P.O. Box 26 • Silver Lake, WI 53170 WWW.RecallWirch.com • RecallWirch@omail.com

www.RecallWirch.com • RecallWirch@gmail.com